

DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE OF WISCONSIN

Division of Children and Family Services

CFS-100A (ICPC-100A) (Rev. 08/2001)

ICPC PLACEMENT REQUEST

Use of form: Complete this form to request out-of-state placement of child(ren) per s. 48.988, Wis. Stats. Confidential information on this form will be used for identification purposes only.

TO: (Name of Receiving State)	FROM: Wisconsin ICPC Division of Children and Family Services Bureau of Programs and Policies P. O. Box 8916 Madison, WI 53708-8916
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NOTICE IS GIVEN OF INTENT TO PLACE CHILD

IDENTIFYING DATA

Name - Child (Last, First, MI)	Social Security No.	Birthdate	Sex	Ethnic Group	IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Name - Mother		Name - Father			
Name - Agency or Person Responsible for Planning for Child				Telephone Number	
Address - (Street, City, State, Zip Code)					
Name - Agency or Person Financially Responsible for Child			Address - (Street, City, State, Zip Code)		

PLACEMENT INFORMATION

Name - Person or Facility Child is to be Placed With	Telephone Number
Address - (Street, City, State, Zip Code)	

Type of Care <input type="checkbox"/> Foster Family Care <input type="checkbox"/> Group Home Care <input type="checkbox"/> Residential Care Center <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Institution Care (Article VI)	<input type="checkbox"/> Parent <input type="checkbox"/> Relative (not parent) - Specify Relationship <input type="checkbox"/> Other - Specify -	<input type="checkbox"/> Adoption <input type="checkbox"/> Subsidy / IV-E Assistance To be completed in - <input type="checkbox"/> Sending state <input type="checkbox"/> Receiving state
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Legal Status <input type="checkbox"/> Sending Agency Custody / Guardianship <input type="checkbox"/> Parent Relative Custody / Guardianship <input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Parental Rights Terminated - Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee <input type="checkbox"/> Other - Specify
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SERVICES REQUESTED

Initial Report (If applicable) <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other - Specify
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Name - Supervising Agency in Receiving State
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Enclosed <input type="checkbox"/> Child's Social History <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> Court Order <input type="checkbox"/> Other Enclosures
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SIGNATURE - Person or Sending Agency Representative	Date Signed
SIGNATURE - Sending State Compact Administrator or Alternate	Date Signed

ACTION BY RECEIVING STATE

<input type="checkbox"/> Placement may be made <input type="checkbox"/> Placement shall not be made	Remarks
SIGNATURE - Receiving State Compact Administrator or Alternate	Date Signed

- Distribution:
- Sending Agency retains 1 copy and forwards original to Sending Compact Administrator.
 - Sending Compact Administrator retains 1 copy and forwards 4 copies to Receiving Agency Compact Administrator.
 - Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to Receiving Agency and 2 copies to Sending Compact Administrator within 60 days.
 - Sending Compact Administrator retains 1 completed copy and forwards the other completed copies to the Sending Agency.